

**IDAHO STATE DEPARTMENT OF AGRICULTURE
BUREAU OF ANIMAL HEALTH AND LIVESTOCK
PO BOX 7249, BOISE, IDAHO, 83707
PHONE (208) 332-8540 FAX (208) 334-4062**

REQUEST FOR GRAZING PERMIT

Permission is hereby requested for a grazing permit for interstate movement of the following described cattle into the state of _____.

BEEF _____ DAIRY _____ MIXED _____

Number of adult Cows _____, *Bulls _____, Virgin Bulls _____, * **PLEASE ATTACH COPY OF TRICH TESTS**

Number of calves; Steers _____, Heifers _____, Bulls _____; Number of working horses _____

NO PERMIT FOR ENTRY INTO IDAHO WILL BE GRANTED FOR ANY FEMALE CATTLE NOT OFFICIALLY VACCINATED FOR BRUCELLOSIS

Brand and location _____

Describe premises cattle are moving from and to; accurate description of location, mailing address, and telephone numbers of responsible party required.

ORIGIN OF CATTLE

DESTINATION OF CATTLE

Name of Ranch

Name of Ranch

Location

Location

Mailing Address

Mailing Address

City, State, Zip

City, State, Zip

Name of Owner or Manager

Name of Owner or Manager

Telephone Number

Telephone Number

THIS PERMIT IS VALID FOR ONE GRAZING SEASON ONLY

Time period covered by grazing permit request? (not to exceed 6 months)
From: _____ To: _____
Month – Day - Year Month – Day- Year

A HEALTH CERTIFICATE AND BRAND INSPECTION IS REQUIRED PRIOR TO MOVEMENT

This permit is restricted to the cattle, time period, and premises described above. There is to be no diversion of cattle from the above-described premises. The only movement permitted for these cattle is for their return to the state of origin.

This permit must be renewed annually. Requests should be submitted for approval at least 15 days prior to anticipated movement.
(over)

IDAHO GRAZING PERMIT

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How many years have you been moving your cattle pasture-to-pasture from and to the described premises?_____

Are these premises fenced? ☐ Yes ☐ No

Will your cattle be commingling with anyone else's cattle? * ☐ Yes ☐ No

*If yes, please name the owner/s of the other cattle._____

When was your herd last tested for Brucellosis?_____

Are all female cattle officially vaccinated for Brucellosis? ☐ Yes ☐ No

Veterinarian normally doing your work?_____ Phone_____

Number of herd bulls tested for Trichomoniasis_____, Number of bulls Trich. Negative_____, Date_____

This is to certify that the cattle described herein are from an established breeding herd and have not been assembled within the past six months. I further certify that any purchased additions to this herd are officially vaccinated for Brucellosis and have been tested negative for Brucellosis prior to entry into the herd. (No trader cattle permitted)

Signature of Owner/Applicant_____ **Date**_____

**Owner: Please mail completed form to: Idaho Bureau of Animal Health & Livestock
P.O. Box 7249
Boise, ID 83707-1249**

This completed form along with approval by the state veterinarian of the state of origin/destination will constitute state permission for the pasturing and return of the described cattle to the state of origin. A copy of the completed form will be forwarded to the owner/applicant.

APPROVAL

Official of State of Origin:

I recommend that the permit be granted: ☐ Yes ☐ No

Date:_____ Signature_____

Title_____

Official of State of Destination:

I recommend that the permit be granted: ☐ Yes ☐ No **Permit Number**_____

I hereby approve your application for movement of the cattle as specified in you application upon recommendation of your state veterinarian.

Date:_____ Signature_____

Title_____

Other conditions of movement:_____